

Case Number:	CM15-0065349		
Date Assigned:	04/13/2015	Date of Injury:	04/06/2007
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old male, who sustained an industrial injury on 04/06/2007. He has reported subsequent low back and knee pain as well as anxiety and depression and was diagnosed with post-traumatic stress disorder, anxiety disorder, depressive disorder and circadian rhythm sleep disorder. Treatment to date for pain includes oral pain medication. Treatment for anxiety and depression has included anxiolytic and anti-depressant medication, psychotherapy and psychiatric visits. In a progress note dated 02/14/2015, the injured worker complained of continued symptoms of post-traumatic stress disorder. Objective findings were notable for thought content that included intermittent intrusive memories regarding trauma and worries about physical health and mild anxiety. A request for authorization of Alprazolam, Cialis and Nucynta was made.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Alprazolam 0.25mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressant. Therefore, the use of Alprazolam 0.25mg #90 is not medically necessary.

Cialis 20mg #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/cialis?druglabelid=2262>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/drug-tadalafil/article_em.htm.

Decision rationale: Tadalafil under the name of Cialis is used for the treatment of erectile dysfunction. There is no documentation that the patient impotence resulted from erectile dysfunction. Therefore the prescription of Cialis is not medically necessary.

Nucynta 50mg Unknown Qty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/nucynta?druglabelid=272>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." In the current case, the patient was using opioids without documentation of significant pain or functional improvement. There is no documentation of compliance with prescribed drugs. The medical records also do not include a pain contract for the use of opiates. Therefore, the prescription of Nucynta 50mg is not medically necessary.

